

Session Date	Time of Session (7:00, etc.)	Session Number

Session Title

Name of Session Chair	Phone Number of Session Chair	E-mail Address of Session Chair

Name of Session Coordinator	Phone Number of Session Coordinator	E-mail Address of Session Coordinator


Please TYPE or PRINT the requested information below. Please refrain from using abbreviations and ensure that acronyms are spelled out. Applicable information will be used for the purpose of populating the online and printed conference program.

Speaker's Full Name	Speaker's Full Position Title	Speaker's Organization Name

Speaker's Business Mailing Address (City, State & Zip code)	Speaker's Business Telephone Number	Speaker's Business E-mail Address

Proposed Presentation Title

Please provide a short biography in narrative form below. The information will be used for introductions at the conference and will be posted on the RIC public website.



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**Please save form and submit via
e-mail to: RICMST.Resource@nrc.gov**